

**2004 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 24, 2004 8:00 am
Secretary of State

04-29-2004 90265 001 ***150.00

DOCUMENT # P02000009894

1. Entity Name

SUZANNE FANNON SUMMERLIN, P.A.



Principal Place of Business

2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32309

Mailing Address

2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32309

66423692



01062004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

90-0015927

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SUMMERLIN, SUZANNE F
2536 CAPITAL MEDICAL BLVD.
TALLAHASSEE, FL 32309

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Suzanne F. Summerlin
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/26/04

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE: D
NAME: SUMMERLIN, SUZANNE F
STREET ADDRESS: 2536 CAPITAL MEDICAL BLVD.
CITY-ST-ZIP: TALLAHASSEE, FL 32309

TITLE:
NAME:
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CITY-ST-ZIP:

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CITY-ST-ZIP:

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Suzanne F. Summerlin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/18/04 (850) 656-2288